

Foreign National Visit Request

Foreign National Data	
Full Name (Last, First, Middle):	
Place of Birth (City, Country):	Date of Birth (MM-DD-YYYY):
Current Nationality/Citizenship:	U.S. Social Security Number (if any):
Dual Citizenship? YES NO If YES, List Countries:	
Permanent Resident? YES NO If YES, Immigrant Alien Number:	
Passport Number/Country Issued:	VISA Type/ Status:
Company/Organization/University (Name, Address, Phone Number):	
US OWNED FOREIGN OWNED	
Position/Title:	
Security Clearance Level (if any):	Clearance Granted by:
Visit Inf	ormation
DARPA Point(s) of Contact (Name, Office, Phone Number):	
Office(s) to be Visited:	Date(s) of Visit:
Classification Level of Discussions: PUBLIC RELEASE	UNCLASSIFIED CLASSIFIED
Purpose of Visit/Topics for Discussion:	
Privacy Act Statement	
DATA REQUIRED BY THE PRIVACY ACT (5 U.S.C. 522a)	
AUTHORITY: Executive Order 9397. PRINCIPAL PURPOSE: The SSN is used to ensure positive identification. ROUTINE USES: Information is used to obtain authorization for your visit to and access to classified information at the host organization. DISCLOSURE: Voluntary. Failure to provide the information may result in denial of access to host organization and access to classified information.	